

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

06-26-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 40,665
b. FFY 2001 \$ 162,665

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 3a-1
Attachment 3.1-B, Page 3a-3
Attachment 4.19-B, Page 21-19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same page, Revised 7-1-97, TN#97-08
Same page, Revised 7-1-97, TN#97-08
Same page, new

10. SUBJECT OF AMENDMENT:

Adding Nutritional Services rendered by a State licensed dietician to the array of
Medicaid services for adults and children.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 30, 2000

18. DATE APPROVED:

September 25, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 26, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

Revision: HCFA-PM-78-69 (MMB)
July 24, 1978

Attachment 3.1-A
Page 3a-1

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

6.d. Other Practitioners' Services

See 4.b. EPSDT Psychological Services.

Certified Registered Nurse Anesthetists - Payment is made for inpatient and outpatient anesthesia services which are in the scope of the Medicaid Program and under the appropriate scope of practice allowed under State law for Certified Registered Nurse Anesthetists.

Physician Assistants - Payment is made for services provided by Physician Assistants within the current practice guidelines for the State of Oklahoma.

Nutritional Services - Payment is made for two hours of nutritional counseling per year. All services must be prescribed by a physician and be face to face encounters between the State licensed dietitian and the client.

Services must be expressly for diagnosing, treating or preventing or minimizing the effects of illnesses. Nutritional services for the treatment of obesity is not covered unless there is documentation that the obesity is a contributing factor in another illness.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>06-30-00</u>	
DATE APP'VD <u>09-25-00</u>	
DATE EFF. <u>06-26-00</u>	
HCFA 179 <u>00-07</u>	

Revised 06-26-00

TN# 00-07 Approval Date 9/25/00 Effective Date 06-26-00
Supersedes
TN# 97-08

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

Attachment 3.1-B
Page 3a-3

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

d. Other Practitioners' Services

See 4.b. EPSDT Psychological Services.

Certified Registered Nurse Anesthetists - Payment is made for inpatient and outpatient anesthesia services which are in the scope of the Medicaid Program and under the appropriate scope of practice allowed under State law for Certified Registered Nurse Anesthetists.

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State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATED
OTHER TYPES OF CARE**

Nutritional Services

Payment is made in accordance with existing rate for like services under the HCBW. A unit of services is based on 15 minute increments at \$9.50 per unit, and is limited to two hours of service per year. The rates are kept on file in the Agency computer data base and in the Agency library

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TN# 00-07 Approval Date 9/25/00 Effective Date New 06-26-00
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TN# None-New Page